

Chapter 14
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Contact Record

Student's Name:	School:
Program:	Birth Date:
Parents'/Guardians' Names:	Home Phone:
Address:	Daytime Phone:

[illegible]

Student's Name:	School:
Grade:	Birth Date:
Parents'/Guardians' Names:	Home Phone:
Address:	Daytime Phone:

The purpose of this notice is to inform you of the following:

A. Actions proposed:

- ☐ The student is due for a reevaluation to determine continued eligibility, and it has been determined that further assessment is not necessary.
- ☐ The school district proposes to initiate/change identification.
- ☐ The school district proposes to initiate/change educational placement.
- ☐ The school district proposes to initiate/change educational placement due to disciplinary action.
- ☐ Other:

B. Actions refused:

- ☐ The school district refuses to initiate/change identification.
- ☐ The school district refuses to initiate/change evaluation/reevaluation.
- ☐ The school district refuses to initiate/change educational placement.
- ☐ The school district refuses to change the Individualized Education Program (IEP).
- ☐ Other:

C. Explanation of why actions were proposed or refused:

- ☐ The student has met IEP or district graduation requirements.
- ☐ The student has completed the semester in which he or she turned 21 years old and is no longer entitled to special education services.
- ☐ The current data on school performance along with previous assessments are adequate.
- ☐ The student's disability adversely affects his or her educational performance, preventing satisfactory achievement.
- ☐ Special education services are required in order for the student to benefit from an educational program.
- ☐ The student's disability does not adversely affect his or her educational performance.
- ☐ Behavioral and academic interventions can be implemented within the current placement.
- ☐ Other:

D. The following options were considered and rejected because:

E. The following evaluation procedures, tests, records, and reports were used as a basis for the decision:

F. The following information and other factors are relevant to the decision:

You have protection under the procedural safeguards of the Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004). If you need an explanation or a copy of the *Procedural Safeguards Notice*, please contact _____ at _____. After contacting the school district, if further assistance is needed, you may contact any of the agencies below:

Idaho State Department of Education
208/332-6910
800/432-4601
TT: 800/377-3529

Idaho Parents Unlimited, Inc.
800/242-4785
V/TT: 208/342-5884

Comprehensive Advocacy, Inc.
V/TT: 208/336-5353
V/TT: 866/262-3462

☐ Initial Referral ☐ Reevaluation without new testing ☐ Reevaluation with new testing

Student's Name:	School:
Grade:	Birth Date:
Parents'/Guardians' Names:	Home Phone:
Address:	Daytime Phone:
Person Referring:	Title:

A. Review of referral (initial referral only):

1. Are the parents/guardian aware of concerns?	Who contacted the parents/guardian?	When was contact made?
--	-------------------------------------	------------------------

2. Describe the reason for referral:

3. Describe attempted interventions, accommodations and/or adaptations and their results:

4. Describe research-based intervention implemented and results (or attach I-Plan):

B. Does the student have limited proficiency in English? ☐ Yes ☐ No

1. If yes, what is the student's English proficiency level and how was it determined?

2. How does this student compare to similar peers receiving English as a Second Language (ESL) services?

C. Has the student had limited academic opportunities due to any of the following:

- Attendance (missed more than 20 days of school in any school year? ☐ Yes ☐ No
- Frequent changes of schools ☐ Yes ☐ No
- Impact of poverty? ☐ Yes ☐ No

D. Review of student's performance:

Review each of the following areas and determine if there is a need to assess.	Need More Information	Present Level of Performance
Academic Performance (including grades)	[] Yes [] No	
Communication (Speech/Language)	[] Yes [] No	
Motor Development (Fine/Gross)	[] Yes [] No	
Hearing/Vision	[] Yes [] No	
Developmental/Medical History	[] Yes [] No	
Test Results	[] Yes [] No	
Emotional/Social/Behavioral Development	[] Yes [] No	
Vocational/Occupational/Transition	[] Yes [] No	
Assistive Technology	[] Yes [] No	

E. Recommendation:**F. Other considerations:**

- [] Parent/adult student input has been requested.
- [] The *Procedural Safeguards Notice* has been sent to the parent/adult student.
- [] Medicaid has been discussed with the parent/adult student. Name of physician _____
- [] Consent for release of information has been obtained to exchange relevant information.

G. Name and title of individuals who reviewed the referral:

Student's Name:	School:
Grade:	Birth Date:
Parents'/Guardians' Names:	Home Phone:
Address:	Daytime Phone:

Dear: _____:

School personnel are proposing to take the following action for _____:

- ☐ conduct an initial evaluation
- ☐ conduct a reevaluation
- ☐ continue services without a new evaluation

The purpose of this letter is to let you know that an evaluation/reevaluation has been proposed, and the evaluation team, of which you are a member, is requesting your input. As a member of the evaluation team, you have the right to participate in the process.

- ☐ The evaluation team will be reviewing existing data and developing an evaluation plan without a meeting. You are a member of this team. You may provide input for the review by phone, letter, email, or visiting with school personnel by _____ Date.

You have the right to request a meeting of the evaluation team to discuss the evaluation plan and to provide your input in person. If you would like a meeting, please contact me at _____.

- ☐ The evaluation team will be reviewing existing data and developing an evaluation plan at a meeting. You are a member of this team, and we request your attendance at this meeting.

The meeting will be held on _____ Date at _____ Time at _____ Location.

If this meeting time is not convenient for you, please contact me at _____ Phone to reschedule the meeting or to provide your input. You may also provide input to the school by letter, email, or visiting with school personnel.

An evaluation team meeting will be held on or before _____.

If you have any questions, please call me at _____.

Sincerely,

Enclosure: If this is a request to conduct an initial evaluation, a *Procedural Safeguards Notice* is enclosed. (A parent/adult student will be given a copy of the *Procedural Safeguards Notice* at any time upon request.)

Student's Name:	School:
Grade:	Birth Date:
Parents'/Guardians' Names:	Home phone:
Address:	Daytime Phone:

Parent(s): This form allows information about your child to be exchanged. Please sign the form and return it to school. The school address is listed below.

A. The names of parties exchanging information:

I authorize: _____

Name, Title

Organization

Address

City

State

Zip

(Check either or both as needed.)

☐ to release information to: _____

☐ to obtain information from: _____

Name, Title

School/District

Address

City

State

Zip

B. The information to be released:

- | | | |
|--|---|---|
| <input type="checkbox"/> official school record (name, address, birth date, sex, attendance) | <input type="checkbox"/> chemical abuse/dependency report | <input type="checkbox"/> teacher, counselor, staff observations |
| <input type="checkbox"/> health record | <input type="checkbox"/> psychiatric report | <input type="checkbox"/> medical report |
| <input type="checkbox"/> special education records | <input type="checkbox"/> transcripts | <input type="checkbox"/> social work report |
| | <input type="checkbox"/> physician referral for Medicaid | <input type="checkbox"/> counseling records |
| | <input type="checkbox"/> psychological records | <input type="checkbox"/> other: |

C. The purpose of the request: _____

D. Effective date of authorization:

This authorization takes effect the day that you sign it and:

- ☐ expires after the requested information is received.
☐ continues until _____ (maximum 365 days).

You may revoke this authorization at any time.

☐ I give CONSENT for exchange of information.

☐ I DENY CONSENT for exchange of information.

Parent/Adult Student Signature

Date

Student's Name:	School:
Grade:	Birth Date:
Parents'/Guardians' Names:	Home Phone:
Address:	Daytime Phone:

Dear _____ :

The school is requesting your permission to assess _____ current educational functioning to determine possible eligibility for special education services. Your written consent is required before an initial assessment can begin. If this is a request for consent for reassessment and the district does not hear from you after reasonable efforts to obtain consent, the district will proceed with the reassessment.

Reasons the school would like to conduct this assessment:

Information used to determine the areas to be assessed:

The following options were considered and rejected for these reasons:

Other factors considered, including those identified as special considerations (behavior, limited English proficiency, blind or visual impairment, deaf or hard of hearing, or need for possible assistive technology):

After you have reviewed the information herein, please sign and return the enclosed form titled *Parent/Adult Student Evaluation Response*. The form allows you to give consent or to deny consent for the proposed assessment. Return the form to _____.

Assessments are provided at no cost to you. Assessment procedures may include a review of school records, observation of the student's activities, personal interviews, and consultation with you or others you recommend, along with individual testing as outlined. (See attached *Individual Testing Plan*.)

You have protection under the procedural safeguards of the Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004). If you need an explanation or a copy of the *Procedural Safeguards Notice*, or if you have *any* questions, please contact me at _____.

Sincerely,

(Note: The signature above verifies that a parent/adult student who requires notice and an explanation of their rights in their language have been accommodated to ensure their understanding.)

Student's Name:	Birth Date:
-----------------	-------------

INDIVIDUAL ASSESSMENT PLAN

Assessments	Position Responsible	Description of Assessment Procedures
<input type="checkbox"/> Intellectual/Cognitive Functioning		Assesses the ability to learn. Administered by a professional in a one-to-one setting.
<input type="checkbox"/> Academic Performance		Measures achievements in such areas as oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, and mathematical reasoning.
<input type="checkbox"/> Classroom Observation		Collects information on performance (academic, social/emotional, etc.) in the classroom environment.
<input type="checkbox"/> Communication (Speech/Language)		<p>SPEECH Assesses articulation (speech sounds), voice, fluency, and motor skills for speech.</p> <p>LANGUAGE Assesses receptive and expressive language skills, including phonology, morphology, syntax, semantics, and pragmatics.</p>
<input type="checkbox"/> Motor Development (Fine/Gross)		<p>PHYSICAL THERAPY ASSESSMENT Assesses gross motor skills and abilities for general or specific activities.</p> <p>OCCUPATIONAL THERAPY ASSESSMENT Assesses daily living, educational, work, play or leisure motor skills and abilities for general or specific activities.</p> <p>FINE AND GROSS MOTOR DEVELOPMENT Assesses motor skills and abilities.</p>
<input type="checkbox"/> Hearing		Screens for hearing acuity. Includes pure tone testing and impedance testing of middle ear functioning.
<input type="checkbox"/> Vision		Screens for visual acuity.
<input type="checkbox"/> Developmental/Medical History		Collects information about developmental progress or medical history.
<input type="checkbox"/> Adaptive Behavior		Assesses skills regarding self-help, independence, and activities of daily living at home, at school, and in the community.
<input type="checkbox"/> Emotional/Social/Behavioral		Collects information about social and emotional development. May include rating scales, personality inventories, behavioral observations, projective tests, and personal interviews.
<input type="checkbox"/> Vocational/Occupational/Transition		Assesses interests and capabilities for different types of work.
<input type="checkbox"/> Assistive Technology		Assesses the need for a piece of equipment or a product system that is used to increase, maintain, or improve the functional abilities of the student.
<input type="checkbox"/> Social/Developmental History		Collects information on social/emotional and developmental history. May include personal interviews, review of records, and observations.

Student's Name:

Birth Date:

PARENT/ADULT STUDENT EVALUATION RESPONSE

The district is asking for your consent to conduct:

- ☐ an initial assessment of the student. The district will not proceed with an initial assessment without your written consent.
- ☐ a reassessment of the student. If you do not give or deny written consent after the district makes reasonable efforts to obtain consent, the district will proceed with the reassessment.

After reviewing your rights in the *Procedural Safeguards Notice*, please sign on the appropriate line below and return this form as soon as possible to _____. For assistance in understanding your rights, feel free to call me or refer to the *Procedural Safeguards Notice* for sources of information on your rights.

I understand my rights and give CONSENT to conduct this assessment.

Parent/Adult Student Signature_____
Date

----- OR -----

I understand my rights and DENY CONSENT to conduct this assessment.

Parent/Adult Student Signature_____
Date

Date received by the school district

☐ Initial Assessment ☐ Reassessment ☐ 3-Year Reevaluation
A. STUDENT INFORMATION

Student's Name:			School Telephone:
Sex:	Grade:	Birth Date:	Current District:
Native Language:			Resident District:
School of Enrollment:			

B. PARENT/GUARDIAN INFORMATION

Contact 1 Name(s)	Home Telephone
Contact 1 Address	Daytime Telephone
	Native Language
Contact 2 Name(s)	Home Telephone
Contact 2 Address	Daytime Telephone
	Native Language

C. EVALUATION TEAM INFORMATION

Title/Position	Names of All Evaluation Team Members	Agreement with Report
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Any evaluation team member who disagrees with this team report must attach a separate statement of his or her conclusions.

Student's Name:	Birth Date:
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D. SUMMARY OF FINDINGS/ADVERSE EFFECTS ON EDUCATIONAL PERFORMANCE**1.a. Assessments**

Parent/Adult Student Report
Strengths:
Needs:

Area assessed:	Procedure or test used:	
Evaluator:	Title:	Date:
Results (strengths and needs):		

Area assessed:	Procedure or test used:	
Evaluator:	Title:	Date:
Results (strengths and needs):		

1.b Did Lack of research-based instruction in reading or math inhibit the access to and progress in the general curriculum? A student cannot be determined eligible for special education if the determinant factor is lack of instruction in reading or math. The following factors should be addressed regarding the access to instruction:

Attendance:	
Research-based curriculum:	
Instruction:	
Previous interventions & response to interventions:	

1.c Did Limited English Proficiency inhibit the access and progress in the general curriculum?

A student cannot be determined eligible for special education if the determinant factor is limited English proficiency. If Limited English proficiency is a consideration, summarize the indicators, assessments, and results.

2. Justification for professional judgment if used:

Use additional pages as necessary. Attach all relevant reports. Provide a description of the extent to which any assessments were conducted under nonstandard conditions or any other factors relevant to this evaluation.

3. Eligibility determination:

Evaluation Team Assessment Summary: (Summarize the findings from the various forms of evaluation used to determine a present level of performance, including assessments, observations, interviews, standards, and other relevant and current documentation.)

Adverse Effect on Educational Performance: (Indicate all evidence of a discrepancy from peer's performance in areas of concern, include curriculum standards.)

Need for Specially Designed Instruction: (Describe resources necessary to support the student's access to and progress in the general education curriculum.)

4. Eligibility determination:

In consideration of the reported information, the evaluation team finds the student [] is [] is not eligible under the category _____.

Notes:

1. If considering a Learning Disability category, after completing this report you must also complete the form titled Eligibility Report—Learning Disability (see form 390).
2. All relevant documentation, reports, and observations must be attached to this eligibility report.
3. A copy of this report and all attachments must be given to the parent/adult student.

Student's Name:	Birth Date:
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D. SUMMARY OF FINDINGS/ADVERSE EFFECTS ON EDUCATIONAL PERFORMANCE

1.a Assessments

Area assessed:	Procedure or test used:	
Evaluator:	Title:	Date:
Results (strengths and needs):		

Area assessed:	Procedure or test used:	
Evaluator:	Title:	Date:
Results (strengths and needs):		

Area assessed:	Procedure or test used:	
Evaluator:	Title:	Date:
Results (strengths and needs):		

Area assessed:	Procedure or test used:	
Evaluator:	Title:	Date:
Results (strengths and needs):		

Area assessed:	Procedure or test used:	
Evaluator:	Title:	Date:
Results (strengths and needs):		

Student's Name:	Birth Date:
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A. Comparing ability and achievement:

Intellectual Ability	Academic Achievement Test		Discrepancy
Regressed Full-Scale Score	Broad Area	Broad Area Score	Regressed full-scale score minus broad area score.

B. Severe discrepancy:

Is there a severe discrepancy between achievement and ability that is not correctable without special education and related services? ☐ Yes ☐ No

C. Other considerations:

1. Is this discrepancy primarily the result of a visual, hearing or motor disability; cognitive impairment; or emotional disturbance? ☐ Yes ☐ No
2. What effects, if any, are from environmental, cultural, or economic disadvantages?

D. Behavior and academic functioning: List relevant behavior noted during classroom observation in the area(s) of concern based on the referral and the relationship of that behavior to the student's academic functioning:

Name of Observer:		Title:
Site:	Date:	Duration:

E. List educationally relevant medical findings, if any:

Note: Any evaluation team member who disagrees with this report must attach a separate statement of his or her conclusions.

Student's Name:	School:
Grade:	Birth Date:
Parents'/Guardians' Names:	Home Phone:
Address:	Daytime Phone:

Dear _____ :

We would like to meet with you regarding _____ educational program.

You are encouraged to attend and bring your child, if appropriate. As the parent/adult student, you will serve as an equal participant in making decisions. If you wish to review any pertinent education records before the meeting, or if you need additional time to respond, please notify our office.

The meeting will be held on: _____ Date _____ at _____ Time _____.

Location or alternate means of meeting: _____ Location or Alternate Means _____

The purpose of this meeting is to:

- ☐ review all available information and determine what additional assessments are needed, if any
- ☐ review and discuss evaluation information and determine whether the student is eligible for special education and related services
- ☐ develop the individualized education program (IEP) and determine the appropriate placement in the least restrictive environment (LRE)
- ☐ consider the need for transition services
- ☐ review the IEP, and revise, as appropriate
- ☐ determine the need for a reevaluation
- ☐ discuss the need for a functional behavioral assessment (FBA) or the development of a behavioral intervention plan (BIP)
- ☐ determine the relationship between the disability and the behavior subject to disciplinary action
- ☐ consider the need for extended school year (ESY) services
- ☐ other: _____

The following people have been invited to the meeting:

Name	Title

You may bring a friend or other person(s) with knowledge or specific expertise related to your child.

A copy of the *Procedural Safeguards Notice* is provided to you once per year. If you require an accommodation in accordance with Americans with Disabilities Act (ADA), you are unable to attend and want to reschedule the meeting, or you would like a copy of the *Procedural Safeguards Notice*, please contact me at _____.

Sincerely,

This IEP is an: ☐ Initial ☐ Annual Review ☐ 3-Yr Review

Initial Placement Date: _____

Last Comprehensive Evaluation Date: _____

Projected Review Date: _____

Projected 3-Year Reevaluation Date: _____

A. STUDENT INFORMATION

Student's Name					Student ID Number
Sex	Grade	Birth Date	Native Language	Race/Ethnicity	District
School of Enrollment					School Telephone

B. PARENT/GUARDIAN INFORMATION

Contact 1 Name(s)	Home Telephone
Contact 1 Address	Daytime Telephone
	Native Language
Contact 2 Name(s)	Home Telephone
Contact 2 Address	Daytime Telephone
	Native Language

C. IEP INFORMATION

Case Manager's Name	Telephone Number
Eligibility Category	Medical Information:

D. IEP TEAM

Title/Position	Names of Team Members	IEP Meeting Attendance
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Student's Name:	Birth Date:
Content Area:	Skill Area:

A. Present Level of Performance:

B. General Education Content Standard(s):

C. Annual Goal (behavior and conditions):

D. Evaluation Procedure (mastery, procedure, and schedule):

E. Assistive Technology (if needed):

F. How and When Student Progress Is Reported:

1st Qtr*	2nd Qtr*	3rd Qtr*	4th Qtr*

Content Area:	Skill Area:
---------------	-------------

A. Present Level of Performance:

B. General Education Content Standard(s):

C. Annual Goal (behavior and conditions):

D. Evaluation Procedure (mastery, procedure, and schedule):

E. Assistive Technology (if needed):

F. How and When Student Progress Is Reported:

1st Qtr*	2nd Qtr*	3rd Qtr*	4th Qtr*

Progress Codes:

1 = Completed 3 = Not started
2 = In progress 4 = Other: _____

Progress Projection Codes:

A = Progress is adequate to meet target date.
B = Progress is inadequate to meet target date.

***Note:** If the student is not progressing according to target dates, the parent/adult student will be informed.

Student's Name:	Birth Date:
Content Area:	Skill Area:

A. Present Level of Performance:**B. General Education Content Standard(s):****C. Annual Goal** (behavior and conditions):**D. Evaluation Procedure** (mastery, procedure, and schedule):**E. Assistive Technology** (if needed):**F. How and When Student Progress Is Reported:****G. Objectives/Benchmarks** (required if student takes an IAA):**H. Progress:**

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
1. Expected Progress: Target Date: __ / __ / __				
2. Expected Progress: Target Date: __ / __ / __				
3. Expected Progress: Target Date: __ / __ / __				
4. Expected Progress: Target Date: __ / __ / __				

Progress Codes:

1 = Completed

3 = Not started

2 = In progress

4 = Other: _____

Progress Projection Codes:

A = Progress is adequate to meet target date.

B = Progress is inadequate to meet target date.

***Note:** If the student is not progressing according to target dates the parent/adult student will be informed.

Student's Name:

Birth Date:

A. IEP SERVICES

Service	Position Responsible	Location	Freq	Total Service Time/Wk		Start Date	Anticipated Duration
				Hrs	Min		

Location Codes:
01 Classroom
02 Sped Classroom
03 Home
04 Hospital
05 Community
06 Therapy Room

Frequency Codes:
01 Daily
02 Weekly
03 Bi-Weekly
04 Monthly
05 __ Times Per _____
06 __ Times Per _____

B. OTHER CONSIDERATIONS

1. Special transportation is considered a related service. The student requires ☐ Regular ☐ Special ☐ No transportation. Describe if necessary:

2. Are extended school year (ESY) services required for this student? ☐ Yes ☐ No. **If yes**, when: _____
 - a. What are the skills this student will lose as a result of an interrupted educational program and will be unable to recoup so as to make reasonable progress toward achieving the goals and benchmarks/objectives in the IEP?

 - b. What skills are emerging that with ESY services the student would make reasonable gains?

 - c. What acquisition of a critical life skill that aids the student's ability to function independently would be threatened by an interruption of services?

 - d. In what way are the above skills critical to the overall progress of the student?

 - e. Specify which goals and objectives/benchmarks should be part of the IEP for ESY services.

 - f. Begin and end dates of ESY: _____ Hours per week: _____

3. Does the student have limited proficiency in English? ☐ Yes ☐ No. If yes, what native language? _____. Explain what considerations are necessary:

4. If hearing impaired/deaf, is hearing aid monitoring required? ☐ Yes ☐ No. If yes, explain what considerations are necessary:

5. If visually impaired/blind, is Braille required? ☐ Yes ☐ No. If yes, explain what considerations are necessary:

Student's Name:

Birth Date:

A. IEP SERVICES

Service	Position Responsible	Location	Freq	Total Service Time/Wk		Start Date	Anticipated Duration
				Hrs	Min		

Location Codes:
01 Classroom
02 Sped Classroom
03 Home
04 Hospital
05 Community
06 Therapy Room

Frequency Codes:
01 Daily
02 Weekly
03 Bi-Weekly
04 Monthly
05 __ Times Per _____
06 __ Times Per _____

B. OTHER CONSIDERATIONS

1. Special transportation is considered a related service. The student requires ☐ Regular ☐ Special ☐ No transportation. Describe if necessary:

2. Are extended school year (ESY) services required for this student? ☐ Yes ☐ No. **If yes**, when: _____
 - a. What are the skills this student will lose as a result of an interrupted educational program and will be unable to recoup so as to make reasonable progress toward achieving the goals and benchmarks/objectives in the IEP?
 - b. What skills are emerging that with ESY services the student would make reasonable gains?
 - c. What acquisition of a critical life skill that aids the student's ability to function independently would be threatened by an interruption of services?
 - d. In what way are the above skills critical to the overall progress of the student?
 - e. Specify which goals and objectives/benchmarks should be part of the IEP for ESY services.
 - f. Begin and end dates of ESY: _____ Hours per week: _____
3. Does the student have limited proficiency in English? ☐ Yes ☐ No. If yes, what native language? _____. Explain what considerations are necessary:
4. If hearing impaired/deaf, is hearing aid monitoring required? ☐ Yes ☐ No. If yes, explain what considerations are necessary:
5. If visually impaired/blind, is Braille required? ☐ Yes ☐ No. If yes, explain what considerations are necessary:

Student's Name:

Birth Date:

A. ACCOMMODATIONS, ADAPTATIONS, SUPPORTS IN GENERAL AND SPECIAL EDUCATION**B. BEHAVIORAL INTERVENTION PLANNING**

1. Does behavior impede the student's learning or that of others?[] Yes [] No
If yes, has a functional behavioral assessment (FBA) been conducted?[] Yes [] No **If yes**, when _____
If yes, have positive behavioral supports been considered?[] Yes [] No
2. If needed, check one:
 [] A behavioral intervention plan (BIP) including positive supports is attached to the IEP.
 [] The positive behavioral supports needed are listed below:

C. PARTICIPATION IN STATEWIDE AND DISTRICTWIDE ASSESSMENTS

The student will participate in the following general education statewide and district-wide assessments:

Participation (see codes)	Assessment	Describe the following: (1) the accommodations/adaptations to be used and rational, and (2) the Idaho Alternate Assessments—language arts, reading, math, science—to be used and rational.
[]	No statewide or district-wide assessments at this grade level.	
	ID Pre-Kindergarten Reading Indicator (PK-IRI)	
	ID Reading Indicator (IRI)	
	Direct Writing Assessment (DWA)	
	Direct Math Assessment (DMA)	
	Idaho Standards Achievement Test-Language (ISAT-L)	
	Idaho Standards Achievement Test-Reading (ISAT-R)	
	Idaho Standards Achievement Test-Mathematics (ISAT-M)	
	Idaho Standards Achievement Test-Science (ISAT-S)	

Non-ISAT Participation Codes:

- 1 = The student will participate in the assessment **without** accommodations or adaptations.
 2 = The student meets all three Idaho Alternate Assessment criteria and will participate in the assessment using **only Idaho Alternate Assessments** (language arts, reading, math, science).
 3 = The assessment is not administered at the grade levels covered during the timeframe of this IEP.

ISAT Participation Codes:

ACL, ACR, ACM, or ACS = The student will participate in the assessment **with accommodations**.
 ADL, ADR, ADM, or ADS = The student will participate in the assessment **with adaptations**.
 AAL, AAR, AAM, or AAS = The student meets all three Idaho Alternate Assessment criteria and will participate in the assessment using **portions of the regular assessment and one or more of the Idaho Alternate Assessments** (language arts, reading, math, science).

Note 1: Only those accommodations and adaptations regularly used by the student in classroom instruction and classroom testing may be used during assessment.

Note 2: Accommodations *do not* invalidate assessment results. Adaptations result in the student being counted as **not proficient** and **not participating**.

Student's Name:

Birth Date:

A. PLACEMENT DETERMINATION: Least Restrictive Environment (LRE)*Check one:*

☐ The student will participate entirely in the general education classroom, the general education curriculum, and nonacademic and extracurricular activities with nondisabled peers.

☐ The student will not participate in the following: *Check and explain all that apply.*

☐ general education classroom _____

☐ general education curriculum _____

☐ nonacademic and extracurricular activities with nondisabled peers _____

B. DECEMBER 1 FEDERAL REPORT SETTINGS

☐ regular class (pulled out less than 1 hour and 15 minutes of a 6-hour school day)

☐ resource class (pulled out more than 1 hour and 15 minutes but less than 3 hours and 35 minutes of a 6-hour school day)

☐ self-contained or extended resource class (more than 3 hours and 35 minutes of a 6-hour school day)

☐ district separate special education school (more than 3 hours of a 6-hour school day)

☐ private special education school (at public expense more than 3 hours of a 6-hour school day)

☐ public residential facility (more than 3 hours of a 6-hour school day)

☐ private residential facility (at public expense more than 3 hours of a 6-hour school day)

☐ hospital or home setting

☐ voluntarily enrolled in private school by the parent

C. WRITTEN NOTICE

The student will receive the services and placement outlined on this IEP because the student is eligible for special education and the IEP team has determined that this IEP will meet his or her needs.

1. The following options were considered but rejected because:

2. The following evaluation procedures, tests, records, or reports were used as a basis for the IEP:

3. The following information and other factors from parents and other sources were used to develop this IEP:

You have protection under the procedural safeguards of the Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004). If you need an explanation or a copy of the *Procedural Safeguards Notice*, please contact _____ Case Manager at _____ Building or Phone _____. After contacting the school district, if further assistance is needed, you may contact any of the agencies below:

Idaho State Department of Education
208/332-6910
800/432-4601
TT: 800/377-3529

Idaho Parents Unlimited, Inc.
800/242-4785
V/TT: 208/342-5884

Comprehensive Advocacy, Inc.
V/TT: 208/336-5353
V/TT: 866/262-3462

D. CONSENT FOR INITIAL PLACEMENT

☐ I CONSENT to placing _____ in special education. I understand that I can revoke this consent before services begin.

☐ I DENY CONSENT to placing _____ in special education.

Parent/Adult Student Signature

Date

Student's Name:

Birth Date:

A. PLACEMENT DETERMINATION: Least Restrictive Environment (LRE) Check one:

☐ The student will participate entirely in the general education classroom, the general education curriculum, and nonacademic and extracurricular activities with nondisabled peers.

☐ The student will not participate in the following: *Check and explain all that apply.*

☐ general education classroom _____

☐ general education curriculum _____

☐ nonacademic and extracurricular activities with nondisabled peers _____

B. DECEMBER 1 FEDERAL REPORT SETTINGS Check one

☐ A1. At least 80% in Early Childhood Program (includes at least 50% children without disabilities, i.e., Head Start, kindergarten, reverse mainstream classroom, private preschool, public school pre-K classes, group child care)

☐ A2. Between 40% and 79% in Early Childhood Program (includes at least 50% children without disabilities, i.e., Head Start, kindergarten, reverse mainstream classroom, private preschool, public school pre-K classes, group child care)

☐ A3. Less than 40% in Early Childhood Program (includes at least 50% children without disabilities, i.e., Head Start, kindergarten, reverse mainstream classroom, private preschool, public school pre-K classes, group child care)

☐ B1. Separate Special Education class (includes 49 percent or more children with disabilities, i.e., special education classrooms in regular school buildings, in child care facilities, outpatient hospital facilities, or other community-based settings)

☐ B2. Separate Special Education school (includes 49 percent or more children with disabilities, i.e., special education classrooms in trailers or portables outside regular school buildings; or separate schools)

☐ B3. Special Education residential facility (includes 49 percent or more children with disabilities in residential facilities)

☐ B4. Special Education Program in the child's home

☐ B5. Special Education Program in service provider location (i.e., private clinicians' offices, clinicians' offices located in school buildings, hospital facilities on an outpatient basis, libraries and other public locations)

Student's Name:

Birth Date:

C. WRITTEN NOTICE

The student will receive the services and placement outlined on this Individualized Education Program (IEP) because the student is eligible for special education and the IEP team has determined that this IEP will meet the student's needs.

1. The following options were considered but rejected because:

2. The following evaluation procedures, tests, records, or reports were used as a basis for the IEP:

3. The following information from and other factors from parents and other sources were used to develop this IEP:

You have protection under the procedural safeguards of the Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004). If you need an explanation or a copy of the *Procedural Safeguards Notice*, please contact _____ Case Manager at _____ Building or Phone _____. After contacting the school district, if further assistance is needed, you may contact any of the agencies below:

Idaho State Department of Education
208/332-6910
800/432-4601
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Idaho Parents Unlimited, Inc.
800/242-4785
V/TT: 208/342-5884

Comprehensive Advocacy, Inc.
V/TT: 208/336-5353
V/TT: 866/262-3462

D. CONSENT FOR INITIAL PLACEMENT

- ☐ I CONSENT to placing _____ in special education. I understand that I can revoke this consent before services begin.

I have been informed of the differences between an Individualized Education Program (IEP) and an Individual Family Service Plan (IFSP):

- ☐ I consent to using an IFSP in place of an IEP.
☐ I deny consent to using an IFSP in place of an IEP.

- ☐ I DENY CONSENT to placing _____ in special education.

Parent_____
Date

Student's Name:	Birth Date:
-----------------	-------------

A. Student's postschool goals:

B. Statement of needed transition services that focus on the student's course of study:

☐ A parent-approved Student Learning Plan is attached.

C. At age 16: Statement of needed transition services:

☐ IEP goals/objectives/benchmarks reflect specific targeted activities.

D. Graduation Requirements:

☐ The student will meet regular high school graduation requirements.

☐ The student will meet comparable high school graduation requirements.

☐ The student will meet the following graduation criteria established by the IEP team:

E. Anticipated graduation date: _____.**F. Not later than the student's 17th birthday:** Transfer of rights.

☐ The student and parents have been informed that rights **WILL** transfer to the student at age 18.

☐ The student and parents have been informed that special education rights **WILL NOT** transfer to the student at age 18 because:

☐ The IEP team has determined that the student is not able to provide informed consent.

☐ A legal guardian has been appointed by the court.

Student's Name:

Birth Date:

G. Activities for Future Outcomes:

Transition Service	Position Responsible	Start Date
1. Postsecondary Education/Training:		
2. Employment/Career:		
3. Community Participation:		
4. Independent Living:		
5. Adult Services:		
6. Other:		

Student's Name:	Birth Date:
Content Area:	Relates to post-school goal number:

A. Present Level of Performance:

B. General Education Content Standard(s):

C. Annual Goal (behavior and conditions):

D. Evaluation Procedure (mastery, procedure, and schedule):

E. Assistive Technology (if needed):

F. How and When Student Progress Is Reported:

1st Qtr*	2nd Qtr*	3rd Qtr*	4th Qtr*

Content Area:	Relates to post-school goal number:
---------------	-------------------------------------

A. Present Level of Performance:

B. General Education Content Standard(s):

C. Annual Goal (behavior and conditions):

D. Evaluation Procedure (mastery, procedure, and schedule):

E. Assistive Technology (if needed):

F. How and When Student Progress Is Reported:

1st Qtr*	2nd Qtr*	3rd Qtr*	4th Qtr*

Progress Codes:

1 = Completed 3 = Not started
2 = In progress 4 = Other: _____

Progress Projection Codes:

A = Progress is adequate to meet target date.
B = Progress is inadequate to meet target date.

***Note:** If the student is not progressing according to target dates the parent/adult student will be informed.

Student's Name:	Birth Date:
Content Area:	Relates to post-school goal number:

A. Present Level of Performance:**B. General Education Content Standard(s):****C. Annual Goal** (behavior and conditions):**D. Evaluation Procedure** (mastery, procedure, and schedule):**E. Assistive Technology** (if needed):**F. How and When Student Progress Is Reported:****G. Objectives/Benchmarks:** (required if student takes an IAA)**H. Progress:**

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
1. Expected Progress: Target Date: __ / __ / __				
2. Expected Progress: Target Date: __ / __ / __				
3. Expected Progress: Target Date: __ / __ / __				
4. Expected Progress: Target Date: __ / __ / __				

Progress Codes:

1 = Completed

3 = Not started

2 = In progress

4 = Other: _____

Progress Projection Codes:

A = Progress is adequate to meet target date.

B = Progress is inadequate to meet target date.

Note: If the student is not progressing according to target dates the parent/adult student will be informed.

Initial Placement Date: _____

Last Comprehensive Evaluation Date: _____

Projected Review Date: _____

Projected 3-Year Reevaluation Date: _____

A. STUDENT INFORMATION

Student's Name:		Student ID Number:
Address:		
Sex:	Grade:	Birth Date:
Native Language:		Race/Ethnicity:
Date of Last IEP Meeting:		District:
School of Enrollment:		School Telephone:

B. IEP TEAM

Title/Position	Names of Team Members	IEP Meeting Attendance
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No
		[] Yes [] No

C. WRITTEN NOTICE

1. Description of change to current IEP (include revised goal sheets if needed):
2. The IEP is being amended for the following reasons:
3. The following options were considered but rejected because:
4. The following evaluation procedures, tests, records, or reports were used as a basis for this IEP amendment:
5. The following information and other factors were used to develop this IEP amendment:

You have protection under the procedural safeguards of the Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004). If you need an explanation or a copy of the *Procedural Safeguards Notice*, please contact Case Manager at Building. After contacting the school district, if further assistance is needed, you may contact any of the agencies below:

Idaho State Department of Education
208/332-6910
800/432-4601
TT: 800/377-3529

Idaho Parents Unlimited, Inc.
800/242-4785
V/TT: 208/342-5884

Comprehensive Advocacy, Inc.
V/TT: 208/336-5353
V/TT: 866/262-3462

Note: A parent/adult student may request a re-written IEP that includes these amendments.

Note: The completion of this document does not replace or extend the required annual IEP meeting.

This SP is an: ☐ Initial ☐ Annual Review ☐ 3-Yr Review

Initial Placement Date: _____

Last Comprehensive Evaluation Date: _____

Projected Review Date: _____

Projected 3-Year Reevaluation Date: _____

A. STUDENT INFORMATION

Student's Name					Student ID Number
Sex	Grade	Birth Date	Native Language	Race/Ethnicity	District
School of Enrollment					School Telephone

B. PARENT/GUARDIAN INFORMATION

Contact 1 Name(s)	Home Telephone
Contact 1 Address	Daytime Telephone
	Native Language
Contact 2 Name(s)	Home Telephone
Contact 2 Address	Daytime Telephone
	Native Language

C. SERVICES PLAN INFORMATION

Case Manager's Name	Telephone Number
Eligibility Category	Medical Information

D. SERVICES PLAN TEAM

Title/Position	Names of Team Members	SP Meeting Attendance
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Student's Name:

Birth Date:

A. SP SERVICES

Service	Position Responsible	Location	Freq	Total Service Time/Wk		Start Date	Anticipated Duration
				Hrs	Min		

Location Codes:
01 Classroom
02 Sped Classroom
03 Home
04 Hospital
05 Community
06 Therapy Room

Frequency Codes:
01 Daily
02 Weekly
03 Bi-Weekly
04 Monthly
05 _____ Times Per _____
06 _____ Times Per _____

B. OTHER CONSIDERATIONS

1. Special transportation is considered a related service. The student requires ☐ Regular ☐ Special ☐ No transportation. Describe if necessary:

2. Does the student have limited proficiency in English? ☐ Yes ☐ No. If yes, what native language? Explain what considerations are necessary:

3. If hearing impaired/deaf, is hearing aid monitoring required? ☐ Yes ☐ No. If yes, explain what considerations are necessary:

4. If visually impaired/blind, is Braille required? ☐ Yes ☐ No. If yes, explain what considerations are necessary:

A. ACCOMMODATIONS, ADAPTATIONS, SUPPORTS IN GENERAL AND SPECIAL EDUCATION

1. Does behavior impede the student's learning or that of others? ... [] Yes [] No
2. Is a functional behavioral assessment (FBA) required? [] Yes [] No
3. Has a functional behavioral assessment been conducted? [] Yes [] No **If yes, when:** _____
4. Is a behavioral intervention plan (BIP) attached or
incorporated into the student's Services Plan (SP)? [] Yes [] No
5. List additional behavioral strategies needed:

1. The following options were considered and rejected because:
2. The following evaluation procedures, tests, records, or reports were used as a basis for this service plan:
3. The following information and other factors were used to develop this SP:

Comprehensive Advocacy, Inc.
V/TT: 208/336-5353
V/TT: 866/262-3462

**Written Agreement Between the Parent/Adult
Student and a District-Authorized Representative**

Student's Name:	School:
Birth Date:	Grade:

The district-authorized representative has explained to the parent/adult student that he or she is not required to enter into any of these agreements.

District-Authorized Representative: _____ Date: _____

1. THREE-YEAR REEVALUATION

- [] The district and the parent/adult student agree that the district will not conduct a three-year reevaluation, which is due on Date 3-year evaluation is due.

Parent/Adult Student Signature

Date

District-Authorized Representative Signature

Date

2. IEP TEAM ATTENDANCE NOT REQUIRED

- [] **Content area of excused member WILL NOT be discussed at the meeting:** The district and the parent/adult student agree that the following member(s) of the IEP team is not required to attend the IEP meeting on Date of meeting in whole or in part. The member's area of the curriculum or related service is not being modified or discussed at the meeting. The member(s) and position(s) who will not be attending include:

Parent/Adult Student Signature

Date

District-Authorized Authorized Signature

Date

- [] **Content area of excused member WILL be discussed at the meeting:** The district and the parent/adult student agree that the following member(s) of the IEP team is not required to attend the IEP meeting on Date of meeting in whole or in part. Because the meeting involves a modification or discussion of the member's area of the curriculum or related service, the excused member must submit written input regarding the IEP to the team before the meeting. The member(s) and position(s) who will not be attending include:

Parent/Adult Student Signature

Date

District-Authorized Representative Signature

Date

Student's Name: _____

Birth Date: _____

3. IEP TEAM ATTENDANCE NOT REQUIRED FOR AMENDING THE IEP

- [] The district and the parent/adult student agree that an IEP meeting is not necessary to revise the student's IEP between annual IEP meetings. Date IEP revised: _____.

The IEP revision must be written on the student's IEP Amendment form and a copy given to the parent/adult student. If new IEP pages are required, these pages must be stapled to the IEP and a complete copy filed with the student's education records. A complete copy of the amended IEP must be given to the parent/adult student upon request.

Parent/Adult Student Signature_____
Date_____
District-Authorized Representative Signature_____
Date

- 4. EXTENDING THE 60-DAY TIMELINE:** If the district determines that a student is eligible for special education, the district will develop and implement an individualized education program (IEP) for the student. The district will implement the IEP within 60 calendar days of having received written consent from the parent/adult student to evaluate the student for special education. However, if all of the following bulleted items are true, the parent/adult student and the district may sign this agreement to extend the 60-day timeline:

- A school district initiates an evaluation or reevaluation of the student; and
- The student moves to another school district before the evaluation or reevaluation has been completed; and
- The new district is promptly seeking information from the previous district and promptly completing the evaluation.

The new district and the parent/adult student agree that the evaluation will be completed by _____.

Parent/Adult Student Signature_____
Date_____
District-Authorized Representative Signature_____
Date

- [] A copy of this document has been given to the parent/adult student.

District-Authorized Representative: _____

Date: _____

Student's Name:	Birth Date:
School:	

A. Postsecondary Expectations:

1. Living Arrangements:

2. Postsecondary Education:

3. Working Environment:

B. Recent Special Education Services (Indicate all received within three years prior to exit):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Specially Designed Instruction | <input type="checkbox"/> Communication | <input type="checkbox"/> Health-Related Services |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Accommodations | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Braille Instruction | <input type="checkbox"/> Behavior Supports | Services |
| <input type="checkbox"/> Additional Services (e.g. speech, occupational therapy, physical therapy, transportation): | | |

C. Goal Areas (within three years prior to exit)

Student Name:	Birth Date:
---------------	-------------

D. Postsecondary Expectations:

E. Describe Student’s Current Levels of Academic Achievement and Functional Performance (Include type of assessment, date of administration, and results):

F. Describe Functional Impact of the Disability (as related to living, learning, working):

G. Response to Interventions, Adaptations and Accommodations (as related to living, learning, working):

H. Recommendations for the following (include suggestions for accommodations, linkages to adult services, or other supports):

1. Living Arrangements:

2. Postsecondary Education:

3. Working Environment:

I. Adult/Community Contacts:

Agency: Name/Position:	Status: Phone:
Agency: Name/Position:	Status: Phone:
Agency: Name/Position:	Status: Phone:

J. Primary High School Contact:

Name/Position:	Phone:
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K. Additional Team Members Contributing to this Summary:

Student:	Parent:
Name/Position:	Name/Position:
Name/Position:	Name/Position:

Student's Name:	
Birth Date:	Student ID Number:
Parents'/Guardians' Name:	Home Phone:
Parents'/Guardians' Name:	Daytime Phone:
Parents'/Guardians' Address:	
District:	
Director:	Phone:

The IDEA (2004) requires that options be made available to resolve conflict when a request for a due process hearing is filed. The "resolution session" provides an opportunity for the parent/adult student and the district to resolve issues identified in a due process hearing request. A resolution session is a meeting scheduled by the district and involves relevant members of the IEP team and the parent/adult student. The attorney for the school district will not attend the meeting unless the parent's/adult student's attorney is present. If requested by both parties, the State Department of Education (SDE) will appoint a neutral facilitator to conduct the resolution session.

A resolution session **will be** scheduled by the district unless one of the following occurs:

1. Both the parent/adult student and the school district mutually agree to participate in mediation from the SDE.
2. Both the parent/adult student and the school district mutually agree in writing to waive the resolution session.

Should a resolution session occur, the 45-day hearing process will not start until up to 30 days have expired, allowing for resolution.

Should the parties mutually waive the resolution session *and* mutually agree not to participate in SDE mediation, the due process hearing will be scheduled, and the 45-day timeline for completing the hearing will start on the date that the request for a hearing was received.

Please sign below regarding your participation in a resolution session. Unless both the district and the parent/adult student waive the resolution session, a meeting **will be** scheduled. If the district schedules a resolution session and the parent/adult student does not attend, the issues cannot be taken to a due process hearing.

Signature	Waive Resolution Meeting	Date
Parent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
District Representative:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The resolution session must be held within 15 days of the date of receipt of the due process hearing request.

The due process hearing request was received on: _____.

The resolution session will be held on: _____.

Student's Name:	Birth Date:
-----------------	-------------

A. TARGET BEHAVIOR (restate IEP goal addressing behavior):

B. PREVENTION ACTIVITIES

Prevention Activities (state prevention activities in observable terms)	Frequency	Who Is Responsible?	Progress Monitoring Method

Student's Name:	Birth Date:
-----------------	-------------

C: WHAT WILL BE TAUGHT?

What Will Be Taught? (What other behaviors or skills will be taught so that the student can meet his or her needs in an acceptable manner?)	Frequency	Who Is Responsible?	Progress Monitoring Method

D: ADULT RESPONSE TO TARGET BEHAVIOR

Adult Response to Target Behavior How will adults respond when the problem behavior occurs so that their response does not (1) reinforce the student's inappropriate behavior or (2) cause the adult greater stress?	Frequency	Who Is Responsible?	Progress Monitoring Method

Student's Name:	Birth Date:
-----------------	-------------

A. Description of Problem Behavior: (who was involved; what happened before, during, and after the event)

B. Document the Pattern of Behavior (frequency, intensity, duration, environmental factors, and context in which the behavior occurred)

C. History (e.g., medical or physical concerns, substance abuse issues, stressful events in the student's life)

Student's Name:	Birth Date:
-----------------	-------------

D. Effectiveness of Behavior Intervention Plans (interventions and disciplinary actions)**E. Theory of Why the Problem Behavior Occurred****F. Team Members**

Title/Position	Names of Team Members

Student's Name:	Birth Date:
-----------------	-------------

A. Consider all relevant information (the district, parent/adult student, and relevant members of the IEP team must review the student's file, the IEP, teacher observations, and any relevant information provided by the parent/adult student):

B. Relationship between behavior and disability

1. Was the behavior in question caused by, or did it have a direct or substantial relationship to, the student's disability? ☐ Yes ☐ No
2. **If yes**, explain:

C. Implementation of the IEP

1. Was the behavior in question the direct result of the district's failure to implement the IEP? ☐ Yes ☐ No
2. **If yes**, explain:

Student's Name:	Birth Date:
-----------------	-------------

D. Manifestation Determination (If either B or C above is marked "yes," the behavior is a manifestation of the student's disability.)

[] **Yes**, the behavior is a manifestation of the student's disability. **Explain:**

[] **No**, the behavior is not a manifestation of the student's disability. **Explain:**

E. The district, parent/adult student, and relevant members of the IEP Team

Title/Position	Names of Team Members

Affirmation of Consultation with Private School Officials and Representatives of Parents

P.L. 108-448 Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004) requires that timely and meaningful consultation occur between the district and private school representatives and representatives of parents of parentally placed private school students with disabilities.

The following topics are to be discussed during the consultation:

- The child find process and how parentally placed private school students suspected of having a disability can participate equitably, including how parents, teachers, and private school officials will be informed of the process;
- The determination of the proportionate amount of Federal funds available to serve such students, including the determination of how the amount was calculated;
- The consultation process among the district, private school officials, and representatives of such students, including how such process will operate throughout the school year to ensure that such students identified through the child find process can meaningfully participate in special education and related services;
- How, where, and by whom special education and related services will be provided for such students, including a discussion of types of services, including direct services and alternate service delivery mechanism, how such services will be apportioned if funds are insufficient to serve all [such students], and how and when these decisions will be made; and
- If the district and a private school official disagree on the provision of services or types of services, the district will provide a written explanation of its decision to the private school official.

The district shall obtain a written affirmation signed by the representatives of participating private schools. If such representatives do not provide such affirmation within a reasonable period of time, the district shall forward documentation of the consultation process to the State Department of Education (SDE).

A private school official shall have the right to submit a complaint to the SDE that the district did not engage in consultation that was meaningful and timely or did not give due consideration to the views of the private school official. The district shall forward the appropriate documentation to the SDE. If the private school official is dissatisfied with the decision of the SDE, such official may submit a complaint to the Secretary of Education by providing the basis for the noncompliance.

Provision of equitable services shall be provided by employees of the district or through contract by the district with an individual, association, agency, organization, or other entity. Special education and related services provided to such students, including materials and equipment, shall be secular, neutral, and nonideological.

The control of funds used to provide special education and related services, and title to materials, equipment, and property purchased with [Federal special education] funds shall be in the district for the uses and purposes provided, and the district shall administer the funds and property.

We agree that the district provided timely and meaningful consultation regarding the bulleted items above.

district Official

Date

Private School Official

Date

district Name & Number

Private School Name